

Part I General Information

- | | | |
|---|--|--|
| 1 Name of organization
CAMPAIGN ACCOUNT OF CONNIE MACK | | Employer identification number
65 0985126 |
| 2 Mailing address (P.O. Box or number, street, and room or suite number)
610 S. BOULEVARD | | |
| City or town, state, and ZIP code
TAMPA, FL 33606 | | |
| 3 E-mail address of organization
NONE | | |
| 4a Name of custodian of records
XXXXXXXXXXXXXXXXXXXX
NANCY H. WATKINS | 4b Custodian's address
610 S. BOULEVARD
TAMPA, FL 33606 | |
| 5a Name of contact person
NANCY H. WATKINS | 5b Contact person's address
610 S. BOULEVARD
TAMPA, FL 33606 | |
| 6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
2655 E. OAKLAND PARK BLVD. #2 | | |
| City or town, state, and ZIP code
FORT LAUDERDALE, FL 33306 | | |

Part II	Purpose
---------	---------

- 7 Describe the purpose of the organization

Principal Campaign Committee for ~~the~~ Non-Federal Candidate

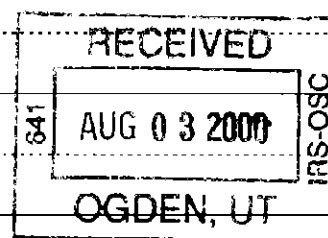
Part III List of All Related Entities (see instructions)

- | 8a Name of related entity | 8b Relationship | 8c Address |
|---------------------------|-----------------|------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
- RECEIVED

AUG 03 2000

OGDEN, UT

IRS-OSC




Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**


Signature of authorized official

► July 28, 2000
Date

